

**National Institutes of Health
Warren Grant Magnuson Clinical Center
Nursing and Patient Care Services**

**Nursing Practice Council
Minutes
February 19, 2004**

Chair: Julie Kohn

Chair-elect: Ann Marie Matlock

Administrative Support: Helen Mayberry

I. Announcements

A. From the Chair

1. New NPCS members acknowledged and welcomed.
2. Quorum was established.
3. After Ms. Kohn inquired into members' use of the intranet to access SG committee minutes and agendas, some indicated they do rely on these postings. No decision was made.
4. The large volume of NPCS work currently being conducted is making it more challenging to produce an accurate NPC agenda. Ms. Kohn reported then that NPC meeting documents will be distributed at least 1 week prior to the scheduled meeting (not 2 weeks prior).

B. From the Chief

1. None

C. Others

1. Ms. Mayberry and Ms. Woolery-Antill reported that data continues to be collected regarding the new ambulatory pump. A performance improvement tool and cover letter of explanation will be distributed to all PCUs and nurse managers this afternoon. The tool will be used in lieu of the ORS.

II. Agenda Review – approved with changes

- A. NPC requests: there are now three (3)
- B. Defer MAS: Patient Allergies to March 2004

III. Review of Minutes

- A. Due to lack of quorum at the December 2003 and January 2004 meetings, approval of minutes (November and December 2003) was sought electronically. Two changes were made to the November minutes r/t refrigerator alarms and unacceptable abbreviations. There were no changes to the December minutes. Approval process completed.
- B. January 2004 minutes approved as submitted.

IV. NPC Requests

- A. **04-02-01:** Ms. Mullikin requested a title change to the SOP: Controlled Substance Infusion to account for epidural infusions of anesthetizing agents, ex., bupivacaine. Ms. Woolery-Antill accepted the request on behalf of the PCA Task Force. CPC will track.
- B. **04-02-02:** Ms. Corey requested that a 6th type of outpatient visit be included in the POL: Patient Documentation, ie., Consult Visit. Ms. Mayberry accepted the request on behalf of the Executive Team.
- C. **04-02-03:** Ms. Shelburne requested clarification on the appropriate clinical setting for insulin infusions. It was noted that the SOP: Continuous Insulin Infusion does not specify a care setting yet MIS ordering screens state, "only for critical care units." This SOP is scheduled for annual review in 2004 and this request will be addressed. Ms. Feigenbaum will assist the CPC to answer the question.

V. Nursing Department Issues

- A. **Competency Program** – Dr. Depew provided the 2nd of 3 presentations on the updated Competency Program. Program of Care Competencies were reviewed. Each nurse manager received a binder of the CRN Role Competencies with the expectation that each staff member be provided an opportunity to critically review and comment on the program. Detailed instructions for accomplishing this process were provided. All binders will be picked up from nurse managers on March 4, 2004; comments will be

reviewed and discussed at the March meeting. Summary of comments and how competencies can be used in staff education (3rd of 3 presentations) will be presented in March.

B. **Proposed MIS Screen changes** – Ms. Kryk presented 2 proposed screen changes

1. **Pain Assessment** – Within the *Assessment/Observations* pathway, the *Screening* pathway will be subsumed into the Assessment pathway. While this proposal was eventually approved, it was discussed that there is currently no pathway to screen or document a patient's concerns or fears about "potential for pain." Because changes to MIS screens have been stopped except as they might relate to patient safety, it was proposed that a nurse can navigate to a "type-in" screen and record the relevant information. Ms. Mayberry will take the issue to the Pain Core Group for consideration.
2. **PCA Documentation** – MIS screens have been amended to reflect changes to the SOP: Controlled Substance Infusion. Current practice of double-documenting in MIS and on PCA Flowsheet has been eliminated. MIS Epidural documentation screens remain intact. Proposed changes approved.

VI. Policies, SOPs, and PROs - none

VII. Agenda Requests

- A. Competencies Program follow-up